



PATENT
450100-02228

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4-204
NP
(12)
Enter
10-21-04
NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.
Serial No. : 09/464,161
For : IMAGE PROCESSING APPARATUS, IMAGE
PROCESSING METHOD, PROVIDING MEDIUM
AND PRESENTATION SYSTEM
Filed : December 16, 1999
Examiner : K. Nguyen
Art Unit : 2674

RECEIVED

MAR 31 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: Mail Stop AF, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on March 25, 2004.

Dennis M. Smid, Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Signature

March 25, 2004

Date of Signature

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated January 29, 2003, please amend the above-
referenced application as follows:



AF:2700
(PATENT)
450100-02228

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shinichiro GOMI et al.
Serial No. : 09/464,161
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Mail Stop AF
Commissioner for Patents
P.O. Box 1450 Alexandria, VA 22313-1450
Sir:

745 Fifth Avenue
N.Y. N.Y. 10017

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Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	= 20	0 ×	\$18(9)	= \$00.00
Independent claims	4	Minus	= 4	0 ×	\$86(43)	= \$.00
				Total additional fee for this amendment		\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$.00 is attached, which covers the cost of ☐ additional claims; ___ petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

March 25, 2004

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800